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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None (u)

None (u)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

PCT/CH00/00081 02/11/2000

Yes (N)

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/15/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY SWITZERLAND	SHEETS  DRAWING 2	TOTAL  CLAIMS 1	INDEPENDENT  CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <u>(Signature)</u> Initials				

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## TITLE

Hearing aid with a microphone system and an analog/digital converter module

FILING FEE  RECEIVED 1210	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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